



DON SIEGELMAN
Governor

Alabama Medicaid Agency

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MICHAEL E. LEWIS
Commissioner

October 30, 2000

PROVIDER NOTICE 00-19

TO: Intermediate Care Facility for the Mentally Retarded (ICF/MR) Providers

SUBJECT: Coverage of Intermediate Care Facility Services for the Mentally Retarded

An Intermediate Care Facility for the Mentally Retarded (ICF/MR) is an institution that is primarily for the diagnosis, treatment or rehabilitation of the mentally retarded or persons with related conditions and provides in a protected residential setting, ongoing evaluations, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at his/her greatest ability.

An individual may be eligible for care if he/she has a diagnosis of mental retardation as defined in the latest edition of the Diagnosis and Statistical Manual of Mental Disorders; or the individual is diagnosed with an equivalent level of intellectual functioning due to trauma, disease process, or other mechanism. Residents of ICF/MRs should not require skilled nursing care. In addition, effective December 1, 2000, in accordance with 42 C.F.R. 435.1009, ICF/MR Services are those services which are needed because of the severe, chronic nature of the mental impairment that results in substantial functional limitations in three (3) or more of the following areas of life activity:

1. Self-care;
2. Receptive and expressive language;
3. Learning;
4. Mobility;
5. Self-direction;
6. Capacity for independent living.

Form 361 (formerly XIX-LTC-18) has been revised to include the above requirement (see attachment). The revised form is also available on the Medicaid website at www.medicaid.state.al.us. This form must be submitted to Medicaid along with the Medicaid Patient Status Notification Form (LTC-4/Form 199), the resident's physical and psychological history, the social evaluation, and the resident's interim rehabilitation plan within sixty (60) days from the date Medicaid coverage is requested.

Questions concerning this provider notice should be directed to the Long Term Care (LTC) Provider/Recipient Management Unit at (334) 242-5657.

Michael E. Lewis
Commissioner

MEL:lat
Attachment

Distribution:

Alabama Nursing Home Association
Alabama Medicaid Agency Staff
Alabama Dept. of Mental Health and Mental Retardation
Alabama Dept. of Public Health
Electronic Data Systems (EDS)

Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries.

ICF/MR LEVEL OF CARE EVALUATION FOR INSTITUTIONAL CARE

Applicant Name _____ Age _____ Sex _____

Name of Facility _____ Provider # _____

Diagnosis _____

Admitted From _____

Admissions Orders - (Medications, Diet, Treatments, Therapies, Rehabilitation)

I certify that this resident requires ICF/MR Care.
This resident is free from communicable disease.

Attending Physician's Signature Date

This applicant is limited in three (3) or more of the areas of life activity listed below:

Indicate by placing an X in the appropriate box

☐ **Self Care** (ability to take care of basic life needs for food, hygiene and appearance).

☐ **Receptive and expressive language** (ability to both understand others and to express ideas or information to others either verbally or non-verbally).

☐ **Learning** (ability to acquire new behaviors, perceptions, and information and to apply experiences to new situations).

☐ **Mobility** (ability to ambulate or move from one location to another independently).

☐ **Self-direction** (managing one's social and personal life and ability to make decisions necessary to protect one's self).

☐ **Capacity for independent living** (age-appropriate ability to live without extraordinary assistance, to include maintaining adequate employment and financial support).

Mental Retardation Diagnosis Onset:

- ☐ Infancy
☐ Developmental (below age 18 years)
☐ Age 18 years and above

IQ Level

- ☐ MILD
☐ MODERATE
☐ SEVERE
☐ PROFOUND

Adaptive Functioning Level

- ☐ MILD
☐ MODERATE
☐ SEVERE
☐ PROFOUND

Mental Status

- ☐ AGITATED ☐ SEVERE DEPRESSION
☐ HALLUCINATES ☐ ABUSIVE

Contact Person

Reviewer